

Waste/Product Types Collected and Their Management
Semi-Annual Report Period beginning _____ through _____
Name of RCC _____

[illegible]

List any other waste collected below. Specify what it was (e.g. Oily Debris, Scrap Metal, Sharps, Garbage, etc.)											
Other: (Specify)		Actual Pounds									
Other: (Specify)		Actual Pounds									
Other: (Specify)		Actual Pounds									
Other: (Specify)		Actual Pounds									
Total Managed:											

Shaded areas are not included in hazardous material collection totals.